



CLAIMS CLUES

March/April 2005

Selecting Electronic Payment Is Easy, Convenient

AHCCCS has made it easy for providers to begin receiving electronic Fee-For-Service Reimbursement. The electronic payment option processes payments using the Automated Clearing House (ACH) rather than issuing checks to providers.

The ACH payment method enables providers to receive reimbursement more quickly.

The Arizona Clearing House Association (ACHA) processes electronic payments directly to the provider's bank account through Bank of America, which functions as the state-servicing bank.

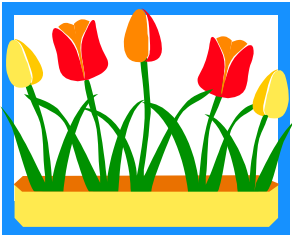
BofA will make the electronic payment available to a provider's account one business day after the date AHCCCS transmits the ACH payment file to BofA.

The ACH process offers several benefits to providers, including:

- Immediate availability of funds
- Fully traceable payments
- Elimination of mail and deposit delays
- Elimination of lost, stolen or misplaced checks

To begin receiving ACH payments, a provider must complete section 2 and 3 of the ACH Vendor Authorization form. The form is available on the AHCCCS Web site at WWW.ahcccs.state.az.us.

Click on links for Plans and Providers. On the Quick Links for Health Plans & Providers page, click on Forms, and then scroll down to the ACH Vendors Authorization Form.



Provider Participation to be Terminated for Inactivity

A provider's participation in the AHCCCS program may be terminated for any of several reasons, including inactivity.

Provider participation may be terminated if the provider does not submit a claim to the AHCCCS Administration or one of the AHCCCS –contracted health plans or program contractors within a 24-month period.

Any provider who has not submitted a claim or an encounter within the past 24 months, will be terminated due to inactivity.

Completion of a new registration packet will be required to reactivate providers who reapply following termination for inactivity.

Providers should refer to Chapter 3 of the *AHCCCS Fee-for-Service Provider Manual* for information on provider participation.

AHCCCS Dental Providers

It has come to the attention of the AHCCCS Fee-for-Service Claims Department that some dental provider's are billing inappropriately for some anesthesia services. **Under no circumstances should local or regional anesthesia be billed in conjunction with other dental services.**

Included in this are codes **D9211**, **D9212** and **D9215**.

Local anesthesia is considered to be part of restorative, endodontic, periodontal, prosthodontic and oral surgical procedures and will NOT be reimbursed separately.

AHCCCS Fee-for-Service Policy Unit will be reviewing use of **D9211**, **D9212**, and **D9215** and other dental codes and may be requesting records from providers in order to substantiate and correct errors.

Questions regarding this as well as other dental issues maybe directed to Robert L. Birdwell, D.D.S., Dental Director, 602-417-4198.

Get the most out of Customer Service

Best times to call AHCCCS Claims Customer Service:

Between 7:30 am – 9:00 am

And

11:00 am – 2:00 pm

Calling during these non-peak hours will lessen your wait time on the phone for a representative. Also, please remember you can status claims via the AHCCCS Web site.

OUTPATIENT HOSPITAL FEE SCHEDULE METHODOLOGY TO CHANGE FOR DATES OF SERVICE 7/1/2005 AND AFTER

AHCCCS has developed and will implement, EFFECTIVE 7/1/2005, an outpatient hospital fee schedule with features similar to Medicare:

- Grouping procedures into Ambulatory Payment Classifications (APCs) for rate setting purposes (using grouping methodology from Medicare 2005 rule).
- Grouping items that bundle with surgery and ED claims for pricing purposes (using list of revenue codes from Medicare 2005 rule).

AHCCCS will reimburse in-state, non-IHS hospitals for outpatient services billed on a UB-92 claim for using the AHCCCS Outpatient Hospital Fee Schedule.

- The Outpatient Hospital Fee Schedule will provide rates at the procedure code level, and covered procedures that do not have a specific rate on the fee schedule will be paid at the default cost-to-ratio.
- Payment for surgery procedures and for Emergency Department (ED) services will be bundled similar to Medicare.
- Multiple surgeries will pay the higher rate surgery at 100% of the fee schedule and secondary surgeries at 50% of the fee schedule (exceptions will be noted for those procedures that are intended to be paid at 100%
- Late charge bills will no longer be accepted.
- When billing adjustments (including late charges), hospitals must rebill the entire claim.
- Incorrectly submitted claims will not deny/disallow at the line level. If one line of the claim is billed incorrectly, the entire claim will be denied.
- Out-of-State outpatient hospital claims will be reimbursed using the AHCCCS Outpatient Hospital Fee Schedule or a negotiated rate.
- AHCCCS will require that outpatient services be billed with an appropriate CPT or HCPCS code that further defines the services described by the revenue code listed on the UB-92 claim form.
- Labor and Observation must be billed with Revenue Code 762 as well as the appropriate CPT/HCPCS codes.

A complete description of the billing/reporting requirements for the AHCCCS Outpatient Hospital Fee Schedule will be provided in the *AHCCCS Fee-For-Service Provider Manual*. And, additional information regarding the Outpatient Fee Schedule will be provided in future *Claims Clues*, and once finalized, it will be posted to the AHCCCS Web site.

Reporting AHCCCS Fraud

Arizona Revised Statute 36-2918.01, states in part All contractors, subcontracted providers of care and noncontracting providers shall notify the director or the director's designee immediately in a written report of any cases of suspected fraud or abuse. The AHCCCS Policy for the Prevention, Detection and Reporting of Fraud and Abuse, dated October 1, 2003, states in part: If a contractor discovers, or is made aware, that an incident of potential/suspected fraud and abuse has occurred, the contractor shall report, within 10 working days of the discovery, the incident to AHCCCSA.

The Director, Office of Program Integrity, is the director's designee for the purpose of reporting fraud. You may report fraud by completing any of the following:

1. Go to the official Web site at: www.ahcccs.state.az.us click on the link "Reporting Fraud & Abuse"
2. Send your information to: Director, Office of Program Integrity, MD 4500, 801 E. Jefferson St., Phoenix, AZ 85034
3. Call the Hotline at (602) 417-4193

If you would like more information or would like a member of the Office of Program Integrity to speak to your group, please call the Director of Program Integrity, David Botsko, Ph.D., at 602-417-4057.